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**COUNTY BOROUGH OF WEST BROMWICH
EDUCATION COMMITTEE**



REPORT
on the
School Health Service
for the Year
1955


J. F. SKONE, M.D., D.P.H.
Principal School Medical Officer

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WEST BROMWICH EDUCATION COMMITTEE

at 31st December, 1955

Chairman: Alderman A. Medley

Deputy Chairman: Councillor R. T. Spooner, M.A.

SPECIAL SERVICES SUB-COMMITTEE

Chairman: Councillor R. T. Spooner, M.A.

Deputy Chairman: Alderman Mrs. G. Wilkes, J.P.

The Mayor
(Alderman Mrs. E. W. Grant, J.P.)

Alderman A. Medley

Councillor H. A. Bevan

Councillor Mrs. D. Manifold

Councillor D. Perry

Councillor Rev. G. L. Slater, M.A.

Councillor P. D. Taylor

Mr. H. H. Crump

Mr. I. L. Evans

Mrs. H. M. Roy, J.P.

Director of Education: J. H. Turner, B.Sc.

STAFF OF SCHOOL HEALTH DEPARTMENT

Principal School Medical Officer: G. M. Fleming, M.A., M.D., D.P.H.
(until February 28th, 1955).

J. F. Skone, M.D., D.P.H., D.C.H.,
D.I.H. (from May 1st, 1955).

Deputy Principal School Medical Officer: M. Park, M.B., Ch.B.,
D.P.H.

(From December 5th, 1955).

Senior Assistant School Medical Officer: R. Lindop, M.B., Ch.B.,
D.C.H.

School Medical Officer: A. Blench, L.R.C.P., L.R.C.S., L.R.F.P.S.

Ophthalmologist: L. Marx, D.O.M.S.

Speech Therapist: Miss M. Ingram, L.C.S.T.

Dental Officers

Principal School Dental Officer: D. Halley Goose, B.Sc., B.D.S.

School Dental Officers: J. G. Potter, L.D.S., F.R.P.S.

F. A. Johnson, B.D.S. (from September 19th, 1955).

Part-time:— D. T. Barker, L.D.S., R.C.S. (from January 10th, 1955).

A. Bosworth, L.D.S. (resigned May 27th, 1955).

H. P. A. Jones, L.D.S.

J. M. Ruddle, L.D.S., R.C.S., B.D.S., (from August 16th, 1955).

School Nurses

Miss E. A. Roberts, Chief Nursing Officer. (a) (b) (c) Mrs. E. Heaven. (a) (b) (f) (resigned Sept. 30th, 1955).

Miss M. E. Greasley, Deputy Chief Nursing Officer. (a) (b) (c) Miss M. E. Jones. (a) (b) Miss E. King. (a) (b) (c) (e) (resigned July 31st, 1955).

Miss E. M. Brosnan. (a) (b) (c) Mrs. L. Jenkins. (a) (b) (c) (from June 17th, 1955).

Miss D. Danks. (a) (b) (c)

Miss W. J. Green. (a) (b) (c) Mrs. C. Paskin. (a) (b) (c)

Mrs. M. Hall. (a) (b) (c) Mrs. L. Slater. (a) (b) (d) (g)

Mrs. M. E. Wilkes. (a) (b) (c)

Clinic Nurses

Miss J. Collett. (b) Miss B. While. (a) (b)

Mrs. C. E. Smith. (b) (resigned August 31st, 1955).
(from September 1st, 1955).

Cleansing Assistant

Mrs. A. V. Davis (from October 24th, 1955).

(a) State Certified Midwife.

(b) State Registered Nurse.

(c) Health Visitor's Certificate, Royal Sanitary Institute.

(d) State Registered Fever Nurse.

(e) Royal Medical Psychological Association—Certificate.

(f) Diploma Nursing

(g) Queen's Institute District Nurse.

Senior Clerk

Mrs. G. E. Moore

Clerks

Miss G. Ellis

Miss S. Winston (from October 22nd, 1955).

Miss S. Salt (resigned October 22nd, 1955).

Clerks and Dental Attendants

Miss M. Adams

Mrs. N. Millward (part-time).

Miss S. E. Jesson

SCHOOL CLINICS

<i>Name, Address</i>	<i>Sessions</i>	<i>Medical Officer</i>	<i>Remarks</i>
Central, Lombard St. West	Monday a.m.	—	Nurses' clinic only.
	Monday p.m.	—	Ultra Violet Light Clinic
	Tuesday p.m.	Dr. Lindop (until November 29th) Dr. Park (from December 6th).	Minor Ailments
	Wednesday p.m.	—	Nurses' clinic only.
	Thursday a.m.	Dr. Marx	Ophthalmic clinic by appointment only also nurses' clinic
	Thursday p.m.	—	Ultra Violet Light Clinic
	Friday p.m.	Dr. Lindop (until December 2nd). Dr. Park (from December 9th).	Minor Ailments
	Saturday a.m.	Dr. Blench or Dr. Park.	Immunisation and minor ailments

Special examinations of handicapped children may be arranged by appointment.

DENTAL CLINICS are held daily and, with the exception of inspections on Monday afternoons from 2-15—3-15 and Thursday mornings from 9-0—10-15, children are seen only by appointment.

<i>Name, Address</i>	<i>Sessions</i>	<i>Medical Officer</i>	<i>Remarks</i>
Stone Cross Jervoise Lane	Monday a.m.	—	Nurses' clinic only.
	Monday p.m.	—	Ultra Violet Light Clinic
	Tuesday a.m.	—	Nurses' clinic only.
	Wednesday a.m.	Dr. Blench	Immunisations and minor ailments.
	Thursday a.m.	—	Nurses' clinic only.
	Thursday p.m.	—	Ultra Violet Light Clinic
	Friday a.m.	—	Nurses' clinic only.

DENTAL CLINICS.—as at Central Clinic.

Greets Green, Whitehall Road	Tuesday a.m.	—	Nurses' clinic only.
	Friday a.m.	—	Nurses' clinic only.
"The Newlands" Hill Top	Monday a.m.	—	Nurses' clinic only.
Friar Park, Friar Park Road,	Wednesday a.m.	—	Nurses' clinic only.
Wednes- bury	Tuesday a.m.	—	Nurses' clinic only.

SCHOOL HEALTH SERVICE

TO THE CHAIRMAN AND MEMBERS OF THE
EDUCATION COMMITTEE

Mr. Chairman, Ladies and Gentlemen,

This, my first Annual Report as Principal School Medical Officer, contains contributions from several colleagues who are members of the staff of, or closely connected with, the School Health Service. Inevitably the account of the work during the year is a little disjointed, but I feel that any disadvantage in this arrangement is outweighed by the fact that the report, in the main, is made by people who have been intimately concerned with the work which they have described.

SCHOOL MEDICAL INSPECTIONS.

It has become increasingly difficult in recent years to examine children three times during their school life, and in 1955 it was found impossible to examine several hundred pupils. During the year, approval was given to a recommendation to increase the number of Assistant Medical Officers of Health and School Medical Officers to two.

Statistics of the general condition of children seen by school doctors at routine examinations are apt to be misleading because different observers have different standards for judging the general condition. It will be seen from the tables in the body of the report that there was a general increase in the percentage of children in good general condition from 1951 until 1954. Although in 1955 this percentage fell, I do not feel that there was any evidence of a serious deterioration in the health of school children examined.

The experimental examinations carried out at Yew Tree and Fisher Street Schools were continued by the medical officers during 1955, although it was difficult to arrange them regularly because of shortage of medical staff. Dr. Lindop contributes a summary of the examinations carried out at Yew Tree Infants School during the year. He found that of the 35 children referred by parents, school teachers and school nurses, 25 had disabilities. At an inspection carried out in October, it was found that of the other 176 children, 33 had disabilities. Seventeen of the children were already receiving treatment, but sixteen were not, and in this latter group at least one child was urgently in need of treatment. Therefore, the results of these inspections at the moment are equivocal, but conclusions cannot be expected until further inspections of the whole school at Fisher Street and the Junior Department of the Yew Street School have been carried out.

THE PREVENTION OF FOOD POISONING AT SCHOOL CANTEENS.

An account is given of an outbreak of diarrhoea and vomiting which followed a meal prepared at a school canteen and consumed by pupils and staff at three schools. Of the 415 members of the teaching and canteen staff and children at risk, 60 people were affected. The pattern of the illnesses, which were mild in character, was similar to those described in an outbreak in 1954. Bacteriological examination was essentially negative, but it was found that equipment in the kitchen was not in a completely satisfactory state. In an experiment reproducing the conditions in which the boiled beef, which was part of the main dish of the meal, was prepared, it was found that portions of the meat were contaminated with copper.

More than 500 million meals are prepared each year in School Canteens in England and Wales, and the most stringent precautions must be taken to avoid the possibility of metallic or bacterial contamination of food. The standards in West Bromwich canteens are high, but this incident served to show the importance of the re-tinning of equipment at regular intervals.

INFECTIOUS DISEASES AND PREVENTIVE MEASURES.

(i) *Diphtheria.*

Since 1949, 12 children of school age have contracted this disease, and one child has died. During 1955, one school child suffered from the disease but made a good recovery.

Towards the end of the year it was possible to resume immunisation against diphtheria of school children in large numbers, after an interval of nearly 18 months, and this procedure has merged with a general drive for diphtheria immunisation at the beginning of 1956. Diphtheria has remained a problem in Staffordshire in recent years, but I feel that we are now within measurable distance of dismissing this once dreaded condition from our midst.

(ii) *Tuberculosis.*

Twenty-nine school children were notified as suffering from tuberculosis during the year, and in ten cases only was it possible to say with certainty the source of infection.

B.C.G. vaccination was begun on the 29th April, and in the first two schools included in the scheme we were fortunate to have the assistance of Dr. C. W. D. Cole, the Chest Physician. In all, the parents of 1,435 children were asked if their children might be included in the scheme, and more than three-quarters accepted. The percentages of acceptance in schools range from 88% to as low as 62%. It is difficult to give the true overall picture of mantoux sensitivity in these children, but in the school with the highest percentage of acceptances (Cronehills Technical School) nearly one-third of the thirteen year olds were mantoux positive. The lowest incidence of mantoux positive reaction was 12.1% in Spon Lane Secondary Modern School, but this is not likely to be a true picture of the position because less than two-thirds of the children eligible for inclusion in the scheme were tested.

It was possible during the year to simplify the procedure in the preliminary skin testing by excluding the mantoux test 1/10,000, and later in the year to devise a method of recording the results in a way in which it would be suitable for analysis in a punch machine.

(iii) *Poliomyelitis.*

In January, 1956, the Ministry of Health announced that a vaccine which was believed to confer a degree of protection against poliomyelitis would be made available in small quantities later in the year to local health authorities.

Our experience with poliomyelitis in West Bromwich in the past ten years has been very fortunate—in all there have been only 52 cases, and only four people have died. The most vulnerable age group in which nearly half the cases have occurred, has consisted of children aged between two and nine years, and it is to the parents of these children that the vaccine will be offered initially. If our past experience is any guide, 4,000 courses of injections will be required to prevent one case of poliomyelitis, but we cannot be certain that our good fortune will hold in the coming years, and therefore the Council has decided to make this vaccine available to children in this district.

VERMINOUS HEADS.

The percentage of children with unclean heads has given rise to anxiety in West Bromwich for some years, and the figures, particularly in 1952 and 1953, were much higher than the national average. There is no doubt that the degree of infestation has decreased in recent years, and the standards observed in assessment have been correspondingly higher.

In October, a part-time Cleansing Assistant was engaged to treat children and instruct mothers in the treatment of this condition. All too often verminous heads affect an entire family, and the treatment of the children of school age is no solution of the basic problem. It is hoped that in 1956 the work of the Cleansing Assistant will be extended, and will include visits to homes where parents find it difficult to attend a centrally situated clinic.

PROBLEM FAMILIES.

There is considerable evidence that the parents in problem families are very often backward. Many of them nowadays would undoubtedly be ascertained in childhood as educationally sub-normal, and it is likely that the plight in which these families find themselves could be prevented. The early ascertainment of backward children that they may receive education appropriate to their abilities and aptitudes has received new impetus with the news that approval has been given for the building of a new day special school for educationally sub-normal children. The staff of the Bratt Street School have done sterling work under unenviable conditions, and it is gratifying to know that soon these children will be offered education in buildings not inferior to most other premises in the town.

CHILD GUIDANCE SERVICE.

Towards the end of 1955 the long awaited report of the Committee on Maladjusted Children was published, and it is good to see that the provision for these handicapped pupils in West Bromwich is more than adequate.

At the end of the year the first phase in the development of this service was concluded when Miss Sandy left to take up a new appointment in Hertfordshire, and the temporary appointment of Dr. Eickhoff, as Consultant Psychiatrist, came to an end. Both Miss Sandy and Dr. Eickhoff have done valuable work, and it is hoped that the role of the Child Guidance Centre will continue to develop.

The health visitor has a considerable part to play in mental health problems and, in fact, the emphasis in infant welfare clinic work is changing from physical to mental health. I believe that close and happy liaison will be quickly built up between them and the new members of the child guidance team.

The Residential School at Shenstone Lodge has completed its first full year of work, and a note is made in the body of the report on its activities during 1955.

DENTAL HEALTH.

It is stated that in the first five years of the National Health Service about 100 million pounds were spent on the provision of artificial teeth. If the demand rate is maintained it is estimated that about 1 in 6 of the people of this country, two-fifths being aged under 45 years, will be wearing full upper and lower dentures in a few years' time. Children aged five years are said to have an average of five of their milk teeth missing, decayed or filled. It is interesting, in the light of these comments on the necessity for preserving teeth, to study the report by Mr. Goose, which will be his last before taking up his new appointment as Principal School Dental Officer to Northamptonshire. He stresses the greater percentage of sound mouths among children in a school which is receiving regular visits from school dental surgeons in recent years compared with those in a school which had in 1955 its first inspection for about five years. In the former, more than one-quarter of the mouths examined did not require treatment, and of the parents offered care, 62% accepted. In the latter school, less than one in ten of the mouths were sound, and treatment was accepted for only 40% of the children requiring it. These records show the importance of regular school dental inspections at intervals of not more than one year, and demonstrates, also, that of parents who are aware of the value of facilities offered, a much higher percentage accept treatment. During the year, less than one-third of the children attending local schools were examined, and the remaining 10,000 children received treatment only when they complained of toothache.

There is a shortage of dental surgeons generally in this country, and unfortunately particularly in the field of preventive dentistry.

At the end of the year, approval was given to an increase in the establishment of dental surgeons and attendants to four, which represents a ratio of one dental surgeon and attendant to 3,750 school children. Arrangements have been made for the use, temporarily, of the dental surgery at Hallam Hospital, and consideration is being given to the inclusion of a mobile surgery in the estimates for the year 1956-57.

On the 9th October, the death was announced of Councillor Miss C. E. Hazel, O.B.E., J.P., who had been a valued member of the Education Committee for 23 years.

I regret to report that Mrs. Gwendoline Elsie Moore, who resigned on the 31st January, 1956, having been a loyal and hardworking member of the clerical staff for 16 years, died on the 12th February, after a short illness.

Miss B. While, who had been a Clinic Nurse since September, 1946, retired in August, and Miss S. Salt, who was a member of the clerical staff, resigned in October before taking up an appointment in Canada.

In conclusion, I should like to thank the Chairman and Members of the Special Services Sub-Committee, the Director of Education and members of his administrative staff, the head teachers, and medical practitioners of the town for the interest they have taken in the School Health Service. I am especially grateful to the members of the staff of the Health Department who have been responsible for much of the work which is described in this report.

Yours faithfully,

J. F. SKONE,

Principal School Medical Officer.

PUBLIC HEALTH DEPARTMENT,
2, LODGE ROAD,
WEST BROMWICH.

SCHOOLS AND SCHOOL POPULATION

School Population 1955	...	...	...	...	...	15,268
Number of Primary Schools	...	...	...	...	...	19
Number of Secondary Modern Schools	...	...	...	...	...	6
Number of Secondary Grammar Schools	...	...	...	...	...	1
Number of Secondary Technical Schools	...	...	...	...	...	1
Number of Day Special Schools	...	...	...	...	...	1
Number of Residential Special Schools	...	...	...	...	...	1
Number of Art Schools	...	...	...	...	...	1
Number of Technical Colleges	...	...	...	...	...	1

On the 7th September, 1955, pupils began to be admitted to the new Comprehensive Secondary School.

There are nursery classes, containing 89 children, in three infant schools (Beeches Road, Friar Park and Joseph Edward Cox Schools).

SCHOOL HEALTH SERVICE

ROUTINE MEDICAL EXAMINATIONS.

Numbers examined:—	1951	1952	1953	1954	1955
Entrants	1,474	2,203	1,489	705	1,348
Ten year olds	445	723	1,080	1,390	873
Leavers	824	900	826	980	860
Other periodic examinations	59	63	—	167	333

It has been difficult in recent years to complete the programme of routine medical inspections, because of shortage of medical staff.

GENERAL CONDITION OF CHILDREN EXAMINED (expressed as a percentage).

						Good	Fair	Poor
1951	...	...	...	...	...	30.2	68.88	0.92
1952	...	...	...	...	...	34.0	63.0	3.0
1953	...	...	...	...	...	38.5	61.39	0.6
1954	...	...	...	...	...	45.4	54.1	0.4
1955	...	...	...	...	...	34.3	65.3	0.3

Although the total of percentages of children in “good” and “fair” general condition is much the same as in 1954, the numbers classified as being “good” have declined.

I do not think there has been any deterioration in the health of the children examined in 1955. The composition of the medical staff has changed during the year, and it is inevitable that observers have varying criteria for what is really a rough assessment.

A FURTHER REPORT BY DR. R. LINDOP ON AN EXPERIMENTAL PROJECT FOR SCHOOL MEDICAL INSPECTION

The view has been expressed, from time to time, of the need for alternative methods of examination of school children. The present system was suggested some half a century ago in the Board of Education Circulars of 1907 and 1908 and rewritten without fundamental change into the Education Act of 1944. No one could reasonably doubt that the three routine examinations have demonstrated that a large number of children were dirty, ill-nourished and poorly clothed, that many suffered from minor physical disabilities, and a few from serious disease. Perhaps even more important was the demonstration of a reservoir of ill-health and social need and the necessity for improvement under this stimulus. The portrait of the school child over half a century ago has changed radically and with it the orientation of the School Medical Officer's work.

Under Regulation 10(1)a of the School Health Services Regulations of 1953, the Minister may approve of methods of examination other than the periodic medical inspections. In April 1954, consent was obtained for a scheme whereby a medical officer would visit a school at fairly frequent intervals to examine children selected by a school nurse, teachers, or brought forward at the request of a parent. A short preliminary note on this scheme was included in the report of the Principal School Medical Officer for 1954, and can now be amplified.

The scheme as outlined in that report has continued, though handicapped to some extent by shortage of medical staff during the first half of the year. Further examinations had to be confined to a visit to each school in the summer and winter terms, with a final examination of all pupils in each school, excluding those already seen, commencing in October 1955. The latter examination, which at the moment has only been completed in respect of Yew Tree Infants School, was designed as a check on the previous examinations. It was felt desirable to discover, if possible, any defects in the new method whereby asymptomatic ailments had been missed or ill-health passed unnoticed. Any method of examination which missed such cases could obviously be regarded as unsatisfactory.

Data obtained from the examination is summarised in the following table:—

TABLE I.

SPECIAL VISITS						Routine Examinations
Date of visit	6.7.54	5.10.54	2.11.54	17.5.55	11.7.55	Oct. 1955
Number of examinations	8	9	7	9	2	et. seq. 176
Number of re-examinations	—	1	1	1	9	
Total	8	10	8	10	11	176
Type of defect (new cases only)						
E.N.T. & Resp.	7	1	2	4	1	16
Psychological	1	1	1	2	—	2
Skin	—	1	—	—	—	1
Eye	—	—	—	—	—	6
Speech	—	1	1	—	1	—
C.N.S.	—	—	1	—	—	—
Orthopaedic	—	—	—	—	—	2
Gastro-enteritis	—	—	—	—	—	2
Obesity	—	—	—	—	—	2
Dental	—	—	—	—	—	1
Cardiac	—	—	—	—	—	1
Total	8	4	5	6	2	33

It will be seen that only a few children were examined at each special visit. It was intended that each examination should be a consultation concerning the child as a whole and not only in regard to any immediate illness. The estimate that each examination would require 15-20 minutes was fairly accurate in practice, especially in the early stages when only new cases were being seen. Later with more re-examinations the time needed was much less. Forty-seven cases were seen at five special visits as against 176 in eight sessions at the routine examination, averages of nine and twenty-one respectively (the length of each session being approximately the same). The increased proportion of cases showing behaviour problems seen during the special visits was probably due to initial selection, though in some cases the diagnosis was only possible because of the extra time available. Two cases were of sufficient severity to need advice from a psychiatrist. In comparison, only two cases of disturbed behaviour were seen during the routine examination of the whole school. No particular comment can be made regarding the other types of disability seen at the special visits.

The routine examination showed that 33 children who had not been seen at special visits had some ailment. Seventeen of these, however, were already receiving treatment, whilst the other 16 patients had not thought it necessary to obtain advice.

Table II. shows the distribution of type of defect.

Disorders	Children not previously examined		
	Not receiving treatment		Receiving Treatment
	Requiring Treatment	Observation	
Ear,			
Nose & Throat	—	5	8
Eye	3	—	3
Psychological	—	2	—
Respiratory	—	1	2
Obesity	1	—	1
Dental	1	—	—
Orthopaedic	2	—	—
Cardiac	—	1	—
Skin	—	—	1
Gastro-intestinal	—	—	2
Totals	7	9	17

Of the cases requiring treatment only one, a child with strabismus, was of any severity. The others were regarded as requiring observation only, as the disabilities were minor ones.

The cases not known to the School Medical Officer but already under treatment, were mainly upper respiratory tract infections, though two had the asthma eczema syndrome in a mild degree. There were three cases of strabismus and one case of recurrent abdominal pain of unknown aetiology. The other case of gastro-intestinal disease, a hiatus hernia, was already known to the School Medical Officer.

In summary, out of approximately 200 children, 35 had been examined at special visits and 176 at routine medical examinations. In the former group, 25 had disabilities, whereas in the latter, 33 had some ailment not brought to the notice of the School Medical Officer by the method of selection in use. Of these 33, 17 were already receiving treatment but 16 were not. In the latter group, one child at least was in need of essential treatment.

As this work is not yet completed, no conclusions are offered.

WORK UNDERTAKEN BY SCHOOL NURSES.

(a) *Visits to schools.*

Routine inspections (with Medical Officer)	185
Cleanliness surveys	156
Other reasons (including diphtheria immunisation and B.C.G. vaccination)	229

(b) *Visits to homes.*

Visits re uncleanliness	274
Other reasons	141
Total number of visits to schools and homes	985
Number of children examined for cleanliness	27,565
Number of children re-examined for cleanliness	1,029
Number of children examined for reasons other than uncleanliness	1,203

MEDICAL EXAMINATION OF ENTRANTS TO TEACHERS' TRAINING COLLEGES.

Arrangements were made for the medical examination of students entering teachers' training colleges and teachers who were about to take up duties in the profession. Sessions were carried out mainly at the School Clinic, Lombard Street West, and chest X-rays were arranged at Heath Lane Hospital.

Summary of Examinations during 1955.

Students entering training college	40
Nursery assistants	12
Educational Psychologist	1
Teachers and administrative staff	6

EMPLOYMENT OF CHILDREN.

During the year 138 licences were issued in accordance with Bye-laws made under the Children and Young Persons' Act, 1933 (as amended by the Education Act, 1944), to school children undertaking part-time employment such as delivery of newspapers or milk, errands, etc. All children were medically examined before receiving licences to ensure that their health would not be injured by employment of this kind. As in the previous year the Senior Education Welfare Officer was responsible for ensuring that no children were employed without licences and that the terms of the licences were strictly followed. It was again necessary to interview a number of employers who were infringing the Bye-laws in various ways, but in all cases it was possible to secure co-operation and none was prosecuted.

Two girls and one boy attending non-selective secondary schools in the Borough, were granted licences in January, to enable them to take part in a play at the Plaza Theatre, West Bromwich. Two girls—one from a selective the other from a non-selective secondary school—were granted licences in December to enable them to take part in a pantomime at the Dudley Hippodrome; they resided at home and attended their normal school.

SCHOOL MEALS AND MILK.

(a) *Milk and Meals.*

Primary, Secondary and Special Schools	1954	1955
(i) Meals—(a) free	394	321
(b) for payment	2,421	2,987
Percentage of total	19.57	22.95
(ii) Milk—number of children taking milk		
in school	12,589	12,563
Percentage of total	87.39	87.14
Number of children taking milk at home	162	47

It will be seen that only about one in five children take school dinners, and that about nine in ten accept free milk.

FOOD POISONING.

There was an outbreak of diarrhoea and vomiting on the 6th and 7th December 1955, believed to follow a meal prepared in a school canteen and served in three schools on the 6th December.

(i) *Clinical features.*

The number of persons at risk in the three schools was just over 400, and the ages of the children and members of the staffs affected can be summarised as follows:—

6 years of age ...	3
11 " " " ...	5
12 " " " ...	18
13 " " " ...	5
14 " " " ...	9
15 plus ...	20

In all, 60 persons were affected, the average interval from eating the food to the onset of the illness being fifteen hours. Some of the victims began to have symptoms as early as 8-0 p.m. on the 6th December, that is rather less than eight hours after eating the meal, but in most cases the onset was at about 3-0 a.m. on the 7th December.

The main symptoms consisted of diarrhoea and abdominal pain for two to twenty-four hours. Two people complained of vomiting and others of nausea. The illness was mild in character and most people affected were back at work or in school on the following morning. Three members of the kitchen staff were affected but did not report the incident until the late afternoon on the 7th December.

Ten children and one adult were unfit to attend school for one day, and two children for three days. None of those affected was seriously ill and in most instances the illness lasted for a few hours only.

Faecal specimens from persons affected, and a sample of the meal eaten on the 6th December, were subjected to bacteriological investigation but no pathogen was isolated. Nose and throat swabs were taken from members of the kitchen staff and were similarly negative. Unfortunately the meal was thrown away in the laboratory before it could be submitted to chemical analysis.

One curious feature of the outbreak was that in a secondary modern school the girls only were affected. The boys and girls had similar meals which were sent to each department in separate containers, and the children and members of the staff were served separately.

(ii) *Probable origin of contamination of food.*

The meal which was suspected consisted of—

Main dish—Boiled beef, carrots, potatoes.

Sweet—Apple tart and custard.

All the ingredients were prepared on that day on which the meal was eaten. It was felt that the pattern of the illness was similar to that in an unexplained outbreak of diarrhoea and vomiting which followed a meal prepared at a School Meals Centre and consumed on the 23rd September, 1954. In that outbreak which was described in the Annual Report for 1954, 40 children and members of the staffs complained of diarrhoea and sickness, which came on suddenly and lasted only a few hours. The interval between the ingestion of the meal and the onset of the illness varied from four to twelve hours. On that occasion the main dish was cold boiled beef, potatoes with margarine squares, salad mayonnaise, and the sweet was apricot crumble and custard. Bacteriological examinations were negative and no chemical analysis was made.

Looking back on both incidents, it seemed possible that there was a common cause, and when the steam-jacketed boiler in the Canteen was examined, it was found that the base plate and the sides of the boiler were of bare tin, and in fact there was flaking of metal on the surface of the base plate. Since the meal had, unfortunately, been thrown away, the conditions under which the beef was prepared were re-created, and portions of the meat and gravy were submitted for chemical analysis. The results showed that there was a varying degree of contamination with copper in various portions of beef submitted, ranging from 28.72 parts per million to 80.79 parts per million. There was a small amount of copper—1.1 parts per million, in the gravy.

The Meals Centre was visited, and it was found that a similar method of preparation of the beef had been employed there. Since the incident in 1954, the base plate had been re-tinned, but at the time of the previous episode, it had not been re-tinned for nearly four years, and before the tinning had been done it was noticed that potatoes boiled in the container had been stained green. Milk used in making custard had been boiled in a double-panned water jacketed porringer, and it was noticed that the tinned copper lining was well worn. A sample of milk from this porringer showed contamination to copper to the extent of 4 parts per million.

CONCLUSION.

Although contamination of food stuffs with copper to this extent is most undesirable, it is impossible to say with certainty that the outbreaks were due to metallic poisoning. However, it is clear that it is of the utmost importance that any copper equipment should be re-tinned at frequent intervals.

INFECTIOUS DISEASES

(a) COMMON FEVERS.

Notification of the more common infectious illnesses are as follows:—

	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		Totals All Ages	
	5-9	10-14	5-9	10-14	5-9	10-14	5-9	10-14	1955	1954
Measles	178	4	168	5	69	1	—	—	425	311
Whooping Cough	7	—	2	—	8	—	8	—	25	39
Scarlet Fever	15	—	9	1	—	1	21	3	50	30

(b) DIPHTHERIA.

There was one notification of this disease this year in a school child who had been immunised in infancy but had not received a reinforcement injection when she entered school. The illness was mild and the child has made a complete recovery.

(c) MENINGOCOCCAL INFECTIONS.

Three children were notified as suffering from meningococcal infections. All have made a satisfactory recovery.

(d) POLIOMYELITIS.

Four school children were notified as suffering from poliomyelitis, three of them have made satisfactory recoveries, but the fourth, a girl aged fourteen years, died from a fulminating form of infection.

(e) TUBERCULOSIS—ALL FORMS.

Twenty-nine children are known to have suffered from tuberculosis during the year. In 25 cases the disease was of the pulmonary form, while there were two notifications of tuberculosis disease of the spine, one of tuberculosis peritonitis, and one of phlyctenular conjunctivitis. Fifteen of these children were admitted to hospital and occupied an average of three beds throughout the year.

(f) SALMONELLA INFECTION.

A girl, aged 14 years, was notified as suffering from Paratyphoid Fever (Phage Type Taunton), in September. Despite detailed investigations the source of infection was not discovered.

VACCINATION AND IMMUNISATION

(a) B.C.G. VACCINATION.

The scheme outlined in the Annual Report for 1954 was put into operation on the 29th April, 1955. The first two schools to be included were Cronehills Technical School and Charlemont Secondary Modern Girls School, and Dr. C. W. D. Cole, the Chest Physician, personally supervised the skin testing and vaccination techniques. It became obvious that it would be possible to omit the 1/10,000 mantoux test in the preliminary testing, and this procedure was followed with the children in other schools. This simplification of the original plan has avoided the giving of one further injection to each child and has made the administration of the scheme much easier. Very few untoward reactions to the vaccination have been reported.

The children at Cronehills Technical and Charlemont Secondary Modern Girls School, whose mantoux tests were strongly positive, were referred to the Chest Clinic for chest X-rays, and it was possible, later in the year, for all the children who were mantoux positive to be referred to the Mass Miniature Radiography Unit.

In all, the parents of 1,435 children were approached for inclusion in the scheme, and 1,085 (75.5%) accepted. The percentage of acceptances ranged from 88% in Cronehills Technical School to 62% in Hill Top Secondary Modern Boys School. The percentage of children mantoux positive—who had already come into contact with tuberculous infection—ranged from 33.3% in the case of girls in Cronehills Technical School, to 12.1% in Spon Lane Secondary Modern Girls School. It is likely, however, that the percentage positive in Cronehills Technical School is a more accurate indication of the overall picture because in Spon Lane Secondary Modern Girls School, less than two-thirds of the children eligible for inclusion in the scheme were tested. Towards the end of the year, consideration was given to the possibility of devising a record card which could be analysed by punch card machines in the Borough Treasurer's Department, and considerable assistance was given by the Borough Treasurer and members of his staff, and by the Records Officer of the Oxford Regional Hospital Board in devising a suitable card.

As arranged under this scheme, family doctors are notified of the date of B.C.G. vaccination and its result. I am glad to report that all children vaccinated and given a further mantoux test, which was read at the usual interval, were shown to have acquired protection from tuberculosis.

B.C.G. VACCINATION TABLE

	Cronehills Technical School	Charlemont Secondary Modern School		Grammar School		Hill Top Secondary Modern School		George Salter Secondary Modern School		Spon Lane Secondary Modern School		Totals
		Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	
Nominal Roll	325	232	127	60	61	96	100	94	123	104	113	1,435
Total of acceptances	286	203	95	47	47	61	62	61	84	66	73	1,085
Total 1st & 2nd Mantoux	274	189	89	42	44	55	57	53	83	66	73	1,025
Total positives	70	51	19	6	8	8	13	11	18	8	21	233
Absentees	12	14	6	5	3	6	5	8	1	3	6	69
Total given B.C.G.	200	139	69	36	32	46	42	40	62	55	46	767
Mantoux conversion injections	197	131	65	37	30	46	39	38	58	52	43	736

The overall mantoux positive rate boys 24.2%
girls 20.3%

(b) DIPHTHERIA IMMUNISATION.

The figures of school children being immunised against diphtheria were at a very low level until the Spring of 1953 when five children attending the Infants' Department of the Joseph Edward Cox School contracted diphtheria. Mass immunisation sessions were undertaken in this and neighbouring schools and an attempt, using similar methods, was contemplated to raise the level of immunity in other parts of the town. However, the programme ended in the Summer Term of 1954 because of the occurrence of an isolated case of poliomyelitis and could not be resumed in the Autumn of that year because of three further cases of the disease and a shortage of staff. It was possible to resume immunisation sessions in schools late in the Autumn Term 1955, and mass immunisation against the disease in January, 1956.

Year			1st Immunisation	Reinforcing Injection
1949	...	...	300	615
1950	...	...	34	322
1951	...	...	136	109
1952	...	...	27	324
1953	...	...	372	1,483
1954	{ Jan.—Jun.	...	339	1,546
	{ Jul.—Dec.	...	70	58
1955	{ Jan.—Jun.	...	16	80
	{ Jul.—Dec.	...	91	408
1956	Jan.—Feb.	...	129	845

Despite the high figures recorded for immunisation in 1953 and 1954, the percentage of children protected from the disease remains very low. The diphtheria immunisation indices for 1953/54 in children aged 0-14 years are as follows:—

		1953	1954
Aged under one year	...	2.1	2.7
Aged one to four years	...	53.6	51.5
Aged five to fourteen years	...	33.4	35.4
Aged 0 to fourteen years	...	37.0	37.6

PEDICULOSIS.

During the year, 28,594 cleanliness inspections were carried out, and of a school population of 15,268, 1,060 children had nits, and 98 were found to have lice. Since the number of children found to be verminous in Grammar and Technical Schools is negligible it will be seen that the percentages of children affected in the other maintained schools in the town is disturbingly high, especially if compared with the figures for England and Wales generally as shown in the following tables:—

	1949	1950	1951	1952	1953	1954	1955
England and Wales	8	7	6	5	5	N/A	N/A
West Bromwich	6.6	8.6	8.8	11.2	14.5	7.5	7.6

N/A=Not available.

In October, a part-time Cleansing Assistant was appointed and since then has done valuable work in the school clinic. It is hoped that in 1956 she will be able to visit homes where the mother finds it difficult to come to a centrally situated clinic.

SURVEY OF CHILDREN CHRONICALLY INFESTED IN 1955.

324 school children from 232 families were found to be chronically infested. At all ages, girls were more commonly affected than boys. This difference was particularly marked in Secondary Schools, where although 75 girls required continued supervision and treatment, no boy was chronically infested.

23 of the children in 10 of the 17 designated (hard core) problem families were found to be included in this group.

VISION TESTING AND EYE DEFECTS.

Arrangements, which are expected to be followed generally in 1956, were made for the testing of the eyesight of children of a younger age group than in previous years. Altogether 577 children were examined for errors of refraction, compared with 392 in 1954, and spectacles were prescribed in 456 cases. Children requiring operative or orthoptic treatment for squint were referred to the West Bromwich and District Hospital. Of these, 24 had operations for the correction of squint.

EAR, NOSE AND THROAT DEFECTS.

The arrangements were continued as in previous years whereby children requiring treatment for nose and throat conditions were operated on at Hallam Hospital. 195 children are known to have had operative treatment for the removal of tonsils and/or adenoids.

The trends in operative treatment in recent years can be summarised as follows:—

Year	No. of operations	School population	Op's per 100 children
1949	116	13,536	0.9
1950	55	13,675	0.4
1951	73	14,364	0.5
1952	152	14,464	1.05
1953	189	14,890	1.3
1954	182	15,202	1.2
1955	195	15,268	1.3

Pure tone audiometry was commenced on a small scale in February, 1956.

MINOR AILMENTS CLINIC.

It will be seen from the figures below that the number of children attending these clinics has steadily declined since 1947.

1947	...	3,526
1948	...	3,652
1949	...	3,087
1950	...	2,367
1951	...	2,519
1952	...	2,402
1953	...	2,000
1954	...	1,824
1955	...	1,769

Similarly, attendance for skin diseases, such as scabies and ringworm, have fallen.

				Scabies	Ringworm	
					Scalp	Body
1947	...	...	...	111	1	35
1948	...	...	...	67	3	10
1949	...	...	...	40	—	9
1950	...	...	...	13	—	19
1951	...	...	...	11	2	6
1952	...	...	...	7	2	5
1953	...	...	...	4	2	3
1954	...	...	...	—	—	4
1955	...	...	...	2	—	—

These figures are not really surprising when one realises that every child should now have a National Health Service doctor, and the general condition of children examined at routine medical inspections has steadily improved.

One disquieting feature of the statistics in the past few years is that the total of children suffering from impetigo has increased from 80 to 158. However, the disease is of a much milder form than in past years and can be more satisfactorily treated.

TREATMENT OF ORTHOPAEDIC AND POSTURAL DEFECTS.

Orthopaedic treatment was continued at the West Bromwich and District Hospital under the direct supervision of Mr. Kirkham. The remedial exercise clinic continued at Hallam Hospital.

Summary of work at Remedial Exercise Clinic.

Number of sessions	...	..	...	...	...	135
Number of children treated	...	...	...	...	...	19
Number of attendances	...	...	...	...	...	135

TREATMENT BY ARTIFICIAL SUNLIGHT.

The Ultra Violet Light clinics were continued during the year, the total number of school children treated being 133 and attendances 2,438 compared with 93 and 2,763 in 1954.

HANDICAPPED PUPILS

The early ascertainment of handicapped children is one of the most important functions of the School Health Service, and the Local Education Authority has the duty of providing special educational treatment for these pupils.

Some children can be ascertained in infancy, especially when the cause of the defect is congenital. The health visitors are aware of the importance of such children being ascertained at the earliest possible age, and if they feel that a child has a substantial handicap they submit special reports. Although an increasing number of handicapped children are under observation and care before entering school at five years of age, a number of these pupils are still found for the first time at the medical inspection on their entry to school, or may be referred later by head teachers. The more efficient and complete the early ascertainment, the more effective the treatment becomes and in the long run, the less expensive the special provision for them during their school life is likely to be.

On the 4th August, 1953, modifications of the School Health Service and Handicapped Pupils Regulations, 1945, came into operation, and the various categories of handicapped children can be classified as follows:—

(a) *Blind Pupils*: that is to say, pupils who have no sight or whose sight is, or is likely to become, so defective, that they require education by methods not involving the use of sight.

2 children—both attend the Birmingham Royal Institution for the Blind, Lickey Grange, Worcester.

(b) *Partially Sighted Pupils*: that is to say, pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight.

5 children—3 boys are attending residential schools—one at the Birmingham Royal Institution for the Blind, Lickey Grange, Worcester, one at the Royal Normal College for the Blind, Shropshire, and one at Exhall Grange Special School, Exhall. 2 boys are attending day schools—one at Whitehead Road School, Birmingham, and the other at the Birmingham Royal Institution for the Blind, Harborne, Birmingham.

(c) *Deaf Pupils*: that is to say, pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language.

7 children—3 are attending residential schools—2 at the Royal School for Deaf Children, Birmingham, and one at the Royal School for Deaf Children, Margate. 2 are attending day schools—Moseley Road School, Birmingham, and Braidwood School, Gem Street, Birmingham. A girl, aged 4 years, who had been attending a nursery class, was admitted to Braidwood School in January, 1956. One pre-school child, born in 1954, is attending the Audiology Clinic, Lansdowne Road, Birmingham.

(d) *Partially Deaf Pupils*: that is to say, pupils who have some naturally acquired speech and language, but whose hearing is so defective that they require for their education special arrangements or facilities, though not necessarily all the educational methods used for deaf pupils.

8 children—one attends a residential school at Donnington Lodge Deaf School, Newbury, Berks, and 7 attend day schools—6 attending the Braidwood School, Gem Street, Birmingham, and 1 the Moseley Road School, Birmingham.

(e) *Delicate Children*.

5 delicate children attend special schools—1 attends a day school—the Wilson Stuart School, George Street West, Birmingham, and 4 attend residential schools, as follows—one girl at Laleham House School, Margate, one boy at the Diabetic Hostel, Palingswick House, Hammersmith, London, one girl at Eden Hall, Bacton-on-Sea, Norfolk, and one girl at Baskerville School, Birmingham.

(f) *Physically handicapped children*.

5 children are physically handicapped—3 attend a day school at the Wilson Stuart School, George Street West, Birmingham, and 2 at residential schools—one girl is at Carlson House School, Birmingham, and one girl at Dr. Barnardo's Home, High Close, Wokingham.

CHILDREN WITH CEREBRAL PALSY.

(i) *School children*.

It is known that thirteen children are suffering from this condition, and the types of disability can be summarised as follows:—

Hemiplegia	...	...	...	...	6
Paraplegia	...	...	...	...	4
Quadriplegia	...	...	...	...	2
Ataxia	...	...	...	...	1

In addition, three of these children have further disabilities, one being deaf, one having congenital dislocation of the hips, and one hydrocephalus.

Seven of the children attend ordinary maintained schools, two are in special schools—one being treated mainly for the spastic condition, and the other primarily as a deaf child.

Five children have been reported under Section 57(3) of the Education Act, 1944—four remaining in their own homes and one attending the Occupation Centre.

(ii) *Pre-school children*.

Four children are known to the health visitors. Three of them have quadriplegia and appear to be mentally backward. In the fourth child the disability is not so great but one arm is under-developed.

(g) *Educationally Sub-Normal Pupils*: that is to say, pupils who because of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly as a substitute for the education normally given in ordinary schools.

84 children—3 attend a residential school, St. Francis' School, Birmingham, and 81 attend Bratt Street Special School daily.

1955 has been a difficult year for the Day Special School because of illness and shortage of staff. One teacher was ill for some months and another left to take up an appointment in Dudley. The school has, however, maintained its progress and it is felt has attained a higher standard than ever before in its history. In fact, certain children have made such good progress that their transfer to a normal school must be seriously considered. Care, however, in the choice of school must be exercised and close co-operation effected with the head teachers of the schools to which these children are transferred.

During 1955 the number of children attending was limited to 80, and there is a waiting list of some 30 children. The basic organisation of the school remains the same as in 1954; there are two senior classes—one for boys and one for girls, one intermediate class, and two junior mixed classes. The Headmaster is again responsible for a class since it has not been possible to replace the teacher who took up another appointment.

The whole school took part in organised swimming during the summer term and several children passed proficiency tests.

The annual camps at Beddgelert and the Forest of Dean were attended by numbers comparable to those of last year and are now well established features of the school. It is interesting to note that there is no difficulty in staffing a camp during the holidays as all members of the staff are eager to help. The difficulty arises in finding staff for camps during school time.

Additional outings were organised to local works, the cinema and to Wicksteed Park, Northants.

The provision of a hot mid-day meal was continued by the School Meals Service, which installed more up-to-date equipment in the school kitchen. Some 60% of all children stayed at school for lunch.

During the year the school had many visitors, notably from Dudley Training College and the University of Birmingham. One student from the University did one month's teaching practice in the school according to the precedent established last year. This close association between University, College and school, is of great value to all those concerned and should be encouraged.

(h) *Maladjusted Pupils*: that is to say, pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment.

10 children are attending special residential schools—6 are at Shenstone Lodge, one boy is at River House School, Henley-in-Arden, Warwicks., one boy at Red Hill School, East Sutton, Kent, one boy at Swalcliff Park School, Oxon., and one girl at St. Michael's Home, Leamington.

CHILD PSYCHOLOGY SERVICE

Report by Miss G. Sandy, B.A., (Hons.) Assoc. British Psychol. Soc. Educational Psychologist.

STAFF

Educational Psychologist: *Consultant Child Psychiatrist:*

Miss G. Sandy, B.A. L. F. W. Eickhoff, M.D., D.P.M.
(Hons.) Assoc. British Psychol. Soc.

Social Worker:

Mrs. H. Spooner, B.Comm. (Social Studies). (Resigned April 1955).

Special Remedial Teachers:

Mrs. M. J. Newton (resigned 9th September, 1955).

Mr. P. R. Rocks.

Mr. G. A. Thompson.

In many ways 1955 was a difficult year for the Child Guidance Centre. The Educational Psychologist was absent because of illness from 28th March to 25th April; the Social Worker left the service at the end of April, and has not yet been replaced. The work of interviewing and advising parents has had to be carried on by the Consultant Psychiatrist, and the Educational Psychologist, with valuable, and much appreciated assistance from Mrs. Smith, the Child Centre's secretary. Mrs. Newton, one of the team of Specialist Remedial Teachers engaged in remedial education also left the service on 9th September, to take up a research appointment at the University of Birmingham. On October 1st, Miss Sandy, the Educational Psychologist gave notice of her appointment as Senior Educational Psychologist to the Hertfordshire Child Guidance Centre, her appointment at West Bromwich terminating at the end of December.

These vicissitudes account for the slightly smaller number of new cases seen during this year, but the service is becoming better known, and its sphere of influence is widening. The main stream of referrals still, quite understandably as it is an education service, continues to come from the schools. Here, the Educational Psychologist and the Specialist Remedial Teachers co-operate with teachers in an effort to detect incipient maladjustment or retardation, and better still, take measures to prevent them. This is a very valuable part of the service, and one which is developing very satisfactorily.

In the Child Guidance Centre, interviews for diagnosis were carried out by the Consultant Psychiatrist, and the Educational Psychologist, and where it was considered necessary, children were taken on for treatment, either individually, or in groups, or given remedial education in the subjects in which they were retarded.

A very close liaison is maintained with Shenstone Lodge School, and the Consultant Psychiatrist, and the Educational Psychologist have visited the school regularly for conferences on the problems of particular children, and to discuss the future of boys reaching the age for transfer to a senior school.

Visitors to the Child Guidance Centre have included a group of students from Dudley Training College in connection with their study of delinquency, a student from the Gold Coast, and two psychologists from California.

The Educational Psychologist has had the opportunity of lecturing on the work of the Child Guidance Centre, having been invited to speak at the Soroptimist Club of Smethwick, at a meeting of the Hamstead Community Centre, and also to a group of mothers at one of the West Bromwich Primary Schools.

Reasons for referral.

Backwardness or retardation	...	...	...	68
Behaviour difficulties	...	...	...	28
Request for I.Q.	...	...	...	8
Emotional difficulties	...	...	...	4
Enuresis	...	...	...	2
Stealing	...	...	...	9
Listlessness and lack of appetite	...	...	...	2
Cruelty to animals	...	...	...	1
Inability to concentrate	...	...	...	2
Fears	...	...	...	1
Truancy	...	...	...	5
Jealousy	...	...	...	1
Soiling	...	...	...	1
Stammering	...	...	...	3
Inability to mix with others	...	...	...	1
Sexual precocity	...	...	...	2
Advice re change of school	...	...	...	2
Nervous mannerisms	...	...	...	1
Wandering	...	...	...	1

Source of referrals

Head teachers	...	...	...	94
General practitioners	...	...	...	9
Parents	...	...	...	11
Children's Officer	...	...	...	5
Director of Education	...	...	...	4
Principal School Medical Officer	...	...	...	4
Walsall	...	...	...	4
Speech Therapist	...	...	...	4
Probation Officer	...	...	...	4
Health Visitors	...	...	...	1
Councillors	...	...	...	1
Doctors at local hospitals	...	...	...	1

TOTAL NUMBER OF INTERVIEWS

Educational Psychologist	...	...	...	630
Social Worker	...	...	...	424
Child Psychiatrist	...	...	...	481

Consultant Psychiatrist.

New cases seen	...	...	...	72
Follow-up interviews	...	...	...	148
Number of children receiving treatment	...	...	...	30
Treatment interviews	...	...	...	261

Educational Psychologist.

Number of new cases seen	142
Number of children retested	121
Follow-up visits	57
Treatment interviews	95
Parents seen	144
Others—Probation Officers, Youth Employment Officers, Visitors, etc.	71

Social Worker.

Home visits	181
Parents interviewed at Centre	243
Home visits—parents out and appointments not kept	74

SHENSTONE LODGE

Applications for admission	35
Number of children considered suitable	20
Number of children considered unsuitable	15

**REPORT BY MR. J. D. WINGER. HEADMASTER OF
SHENSTONE LODGE SCHOOL**

SHENSTONE LODGE RESIDENTIAL SPECIAL SCHOOL for 28 maladjusted junior boys and girls opened on 9th June, 1954. The school has a Committee of Management which makes recommendations direct to the Special Services Sub-Committee of the West Bromwich Education Committee. Meetings of the Managers are held regularly at the school and the Director of Education, the Principal School Medical Officer, the Educational Psychologist and the Headmaster are usually present.

The school has, in its first year, drawn freely upon the services of the Child Guidance Centre in West Bromwich. The Centre, which is an integral part of the School Health Service and the staff of the school have combined to form a team whose main concern is that the right type of child shall be placed at Shenstone; that the problems these children create after admittance shall receive proper clinical attention and that adequate provision shall be made for the children to go from the school to such a future school as will best suit their needs.

Routine medical inspections are carried out by the School Medical Officers. Much help has been received from Dr. Lindop who has been concerned to investigate into the mental as well as the physical health of the children and to advise in any matter relating to hygiene.

(i) *Epileptic Pupils*: that is to say, pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils.

One child is a resident at St. Elizabeth's School and Home, Much Haddon, Herts.

(i) Pupils suffering from speech defect, that is to say, pupils who on account of defect or lack of speech not due to deafness, require special educational treatment.

REPORT BY MISS M. J. INGRAM. L.C.S.T.. SPEECH THERAPIST

Speech Therapy Clinics are held at the Child Guidance Centre, but at least one session a week is given up to visits to schools or to the assessment of new patients. Consultations with members of the Child Guidance Clinic team take place informally and frequently, particularly in the treatment of stammerers. There is delay of approximately three months in seeing new patients.

I attended a Conference of the College of Speech Therapists, held at Bedford College, London, from July 22nd to July 26th, 1955. The programme was divided into four sections—the pre-school child, the school child, the adolescent and adult, and the adult and aged. Lectures were given by doctors and speech therapists, their subjects ranging from dyslalia in the pre-school child, to nervous disorders affecting speech in the adult. Time was allocated for group discussions following the lectures, and much useful information was gained.

120 children were treated, examined and reviewed during the year, and made a total of 1,439 attendances. 40 new patients were seen, and 35 remained on the waiting list on the 31st December, 1955.

Conditions treated:

Dyslalia	...	...	...	...	30
Stammer	...	...	...	...	6
Dyslalia and stammer	...	...	...	...	3
Cleft Palate	...	...	...	...	1

Patients were referred by:

Head Teachers	...	...	...	21
School Medical Officer	...	...	...	13
Psychologist	...	...	...	5
General Practitioners	...	...	...	1

The following courses were taken with new cases:

Still receiving treatment	...	...	28
Discharged after treatment	...	...	7
Referred to Psychologist	...	...	1
Under observation	...	...	4

The number of cases carried forward from 1954 was 80, and the following course has been taken in these cases:

Still receiving treatment	...	...	31
Discharged after treatment	...	...	18
Referred to Psychologist	...	...	2
Under observation	...	...	29

The condition of the 28 children on discharge was as follows:

Speech normal	...	...	...	13
Maximum improvement	...	...	...	4
Referred to Child Guidance team	...	...	...	3
Unco-operative	...	...	...	1
Moved from area or left school	...	...	...	7
(referred elsewhere when possible)				

59 Children were still receiving weekly treatment at the end of the year, and a total of 33, including a number of children who have persistently failed appointments, continued to be under observation.

CHILDREN RECEIVING TUITION AT HOME OR IN HOSPITAL.

During 1955, nineteen children were taught in hospitals—fourteen in Hallam Hospital and five in the District Hospital. Nine children received tuition at home. Of the 28 children, twenty were boys and eight were girls, and their ages can be summarised as follows:—

5 years of age	...	...	...	1
6 " " "	...	...	...	4
7 " " "	...	...	...	6
8 " " "	...	...	...	7
9 " " "	...	...	...	1
10 " " "	...	...	...	5
11 " " "	...	...	...	2
12 " " "	...	...	...	1
14 " " "	...	...	...	1

The conditions for which they were receiving treatment are tabulated below:

Acute rheumatism	...	...	...	6
Rheumatoid arthritis	...	...	...	1
Cardiac	...	...	...	1
Nephritis	...	...	...	4
Anaemia	...	...	...	1
Eczema	...	...	...	1
Coeliac disease	...	...	...	1
Diabetes insipidus	...	...	...	1
Haemophilia	...	...	...	1
Fractured femur	...	...	...	1
Disease of hip:—				
(i) Perthe's	...	...	...	1
(ii) Other	...	...	...	1
Tuberculosis of spine	...	...	...	1
Spina bifida	...	...	...	1
Cerebral palsy	...	...	...	1
Poliomyelitis	...	...	...	2
Tuberculous meningitis	...	...	...	1
Maladjusted	...	...	...	1
Tonsils and adenoids	...	...	...	1

SCHOOL CHILDREN IN HOSPITAL

One of the most helpful features of the happy relationship which exists between the hospitals of the West Bromwich and District Management Group and the Health Department, is the fact that we are sent a note of the admission of all school children to local hospitals. During 1955, 532 school children were admitted a total of 547 times to hospital. It is interesting to note that, as in pre-school years, boys appear to have a higher morbidity rate than girls, and of the total of 532 children, 312 were boys and only 220 were girls. The most frequent cause of admission, amounting to more than one third of the total, was for the removal of tonsils and adenoids. However, the disease which caused the most prolonged invalidism was tuberculosis, which accounted for less than 3% of admissions but more than 15% of the total time spent as in-patients.

The overall picture can be summarised in the table on the page opposite. (page 35).

It is interesting that of the "other" conditions which are responsible for the admission of children, the most common is appendicitis, and it will be seen that the sex incidence of this condition still seems to indicate a preponderance of boys:—

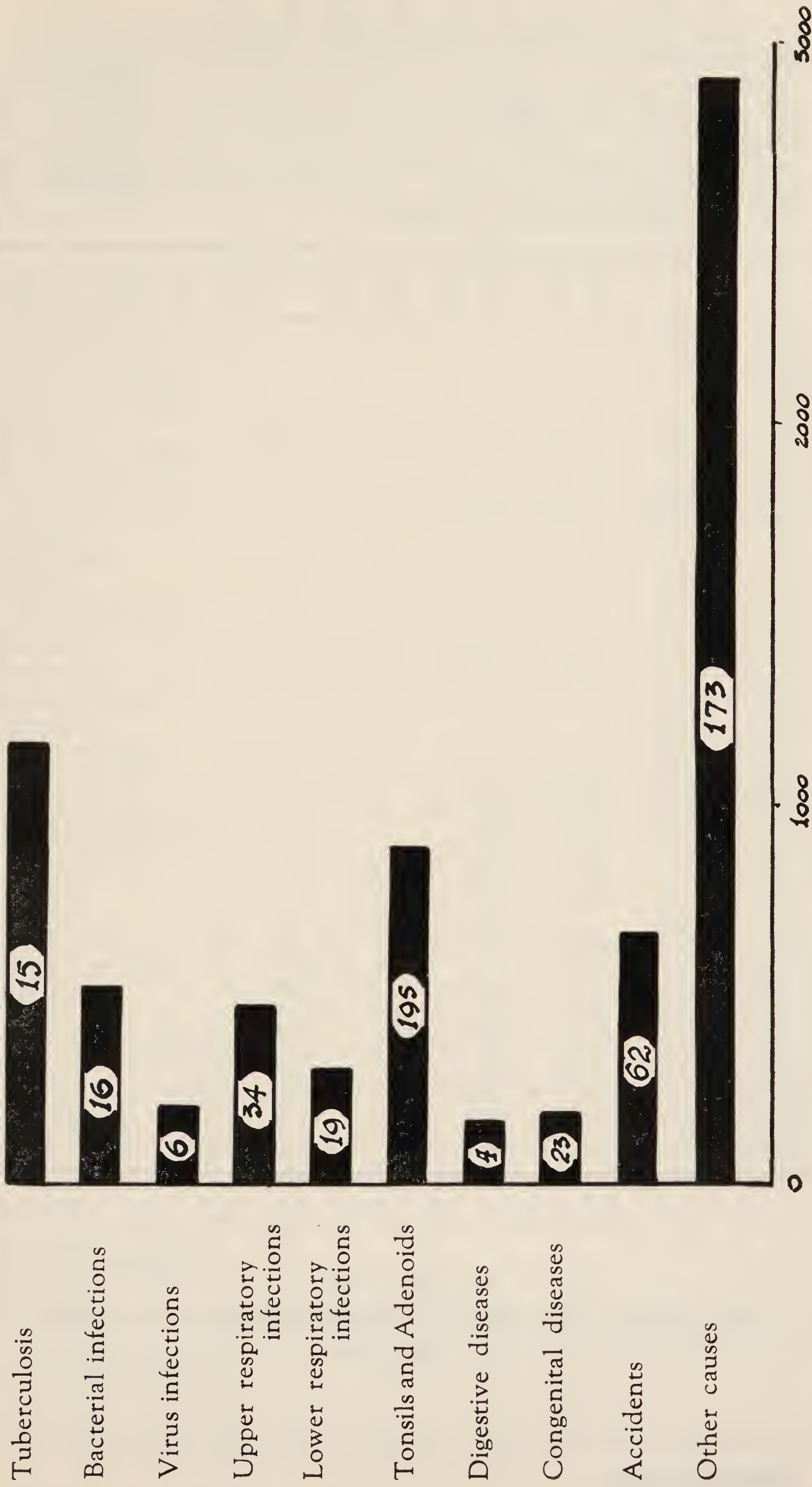
<i>Sex</i>	<i>No.</i>	<i>Duration of stay (days)</i>
Boys	28	357
Girls	20	184

MORTALITY IN SCHOOL CHILDREN 1955

<i>Cause of Death</i>	<i>No.</i>
Crush Injury	1
Nephritis	1
Rheumatic heart disease	1
Drowning	1
Progressive muscular atrophy	1
Road accident	1
Appendicitis and peritonitis	1
Tuberculous meningitis	1
Paralytic poliomyelitis	1
Total ...	9

This compares with 6 deaths in 1954.

Days spent in hospitals of West Bromwich and district by school children in 1955



Days in hospital
(Figures in brackets denote number of admissions)

DEATHS OF SCHOOL CHILDREN, 1946-1955.

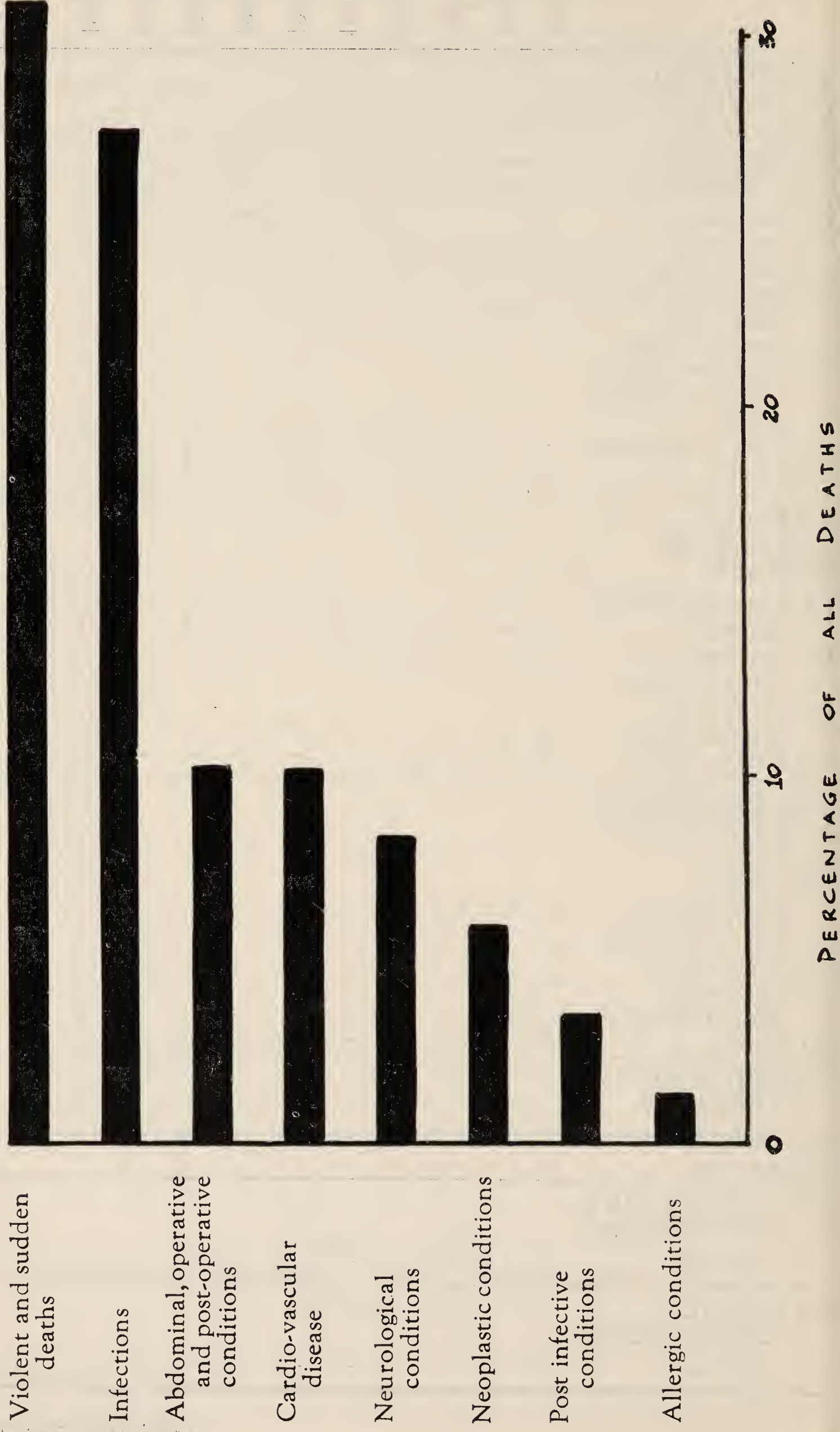
Road accidents formed the single most common form of death, and the total of violent and sudden deaths is greater than those due to infectious disease. It will be seen that in the ten year period there was one death from diphtheria and one in 1949 from tetanus. It suggests that the possibility of offering combined immunisation in infancy against diphtheria, whooping cough, and tetanus, should be kept closely in mind in the future. These figures can be summarised into their main groupings, as follows:—

	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	Total
VIOLENT AND SUDDEN DEATHS											
(a) Road accidents	—	2	3	3	—	1	2	—	—	1	12
(b) Drowning	1	—	—	1	—	1	—	1	2	1	7
(c) Railway accidents	—	—	—	—	—	—	—	—	2	—	2
(d) Complications of burns	—	—	—	—	—	1	—	—	1	—	2
(e) Gas poisoning	—	—	—	—	—	1	—	—	—	—	1
(f) Status thymico-lymphaticus	—	1	—	—	—	—	—	—	—	—	1
(g) Crush injury	—	1	—	—	—	—	—	—	—	1	2
INFECTIONS											
(a) TUBERCULOSIS											
(i) Pulmonary	—	—	—	—	1	—	—	—	—	—	1
(ii) Meningitis	2	2	—	1	1	1	—	1	—	1	9
(b) PNEUMONIA											
(i) Lobar	—	—	1	—	—	1	—	—	1	—	3
(ii) Broncho	—	—	—	—	1	—	—	—	—	—	1
(c) Cerebro-spinal fever	—	1	1	—	—	—	—	—	—	—	2
(d) Diphtheria	—	—	—	—	—	—	—	1	—	—	1
(e) Tetanus	—	—	—	1	—	—	—	—	—	—	1
(f) Whooping Cough	—	—	1	—	—	—	—	—	—	—	1
(g) Measles	—	—	—	—	—	—	—	1	—	—	1
(h) Meningitis	—	—	—	1	—	—	—	—	—	—	1
(i) Paralytic Poliomyelitis	—	—	—	—	—	—	—	—	—	1	1
(j) Encephalitis	—	—	—	—	—	—	1	—	—	—	1

Summary of
Proportional Mortality of School Children 1946-1955
(on Page 38).

	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	Total
ABDOMINAL, OPERATIVE AND POST- OPERATIVE CONDITIONS											
(a) Appendicitis	1	1	—	—	—	—	—	—	—	1	3
(b) Intestinal obstruction	1	—	—	—	1	—	—	—	—	—	2
(c) Post-operative shock and haemorrhage	—	—	—	—	1	—	—	—	—	—	1
(d) Operative inhal- ation of body fluids	—	—	—	—	1	—	—	—	—	—	1
(e) Acute peritonitis	—	—	—	—	—	—	—	1	—	—	1
(f) Colitis	—	—	—	—	—	—	—	1	—	—	1
CARDIO- VASCULAR DISEASE											
(a) Rheumatic heart disease	1	—	1	—	1	1	—	1	—	1	6
(b) Cerebral haemorrhage	—	—	—	—	—	—	1	—	—	—	1
(c) Cerebellar haemorrhage	1	—	—	—	—	—	—	—	—	—	1
(d) Endocarditis	1	—	—	—	—	—	—	—	—	—	1
NEUROLOGICAL CONDITIONS											
(a) Epilepsy	—	—	—	1	—	1	—	—	—	—	2
(b) Infective polyneuritis	—	—	1	—	—	—	—	—	—	—	1
(c) Diffuse cerebral sclerosis	—	—	1	—	—	—	—	—	—	—	1
(d) Progressive muscular atrophy	—	—	—	1	—	—	—	—	—	1	2
(e) Glioma	—	—	—	1	—	—	—	—	—	—	1
NEOPLASTIC DISEASES											
(a) Leukaemia	1	—	1	—	—	—	2	1	—	—	5
(b) Sarcoma	—	—	—	—	—	—	—	1	—	—	1
POST-INFECTIVE CONDITIONS											
Nephritis	—	1	—	—	—	1	—	—	—	1	3
ALLERGIC CONDITIONS											
Asthma	1	—	—	—	—	—	—	—	—	—	1

Proportional Mortality of School Children — 1946-1955
(Total number of deaths — 85)



DENTAL REPORT

BY MR. D. HALLEY GOOSE, B.Sc., B.D.S.

Principal School Dental Officer

At the end of the year we had the equivalent of three full-time dental officers (including those employed by the Health Committee) and this is the highest number yet achieved in West Bromwich.

Mr. Bosworth resigned in the summer and I would like to take this opportunity to express my thanks to him for his help during a difficult period for the school dental service. Three dental officers took up duties in 1955, Mr. Johnson, full-time, and Mr. Barker and Mr. Ruddle, part-time.

However, in spite of this increase in the number of staff, the service is still running under considerable difficulties.

The aim of the School Dental Service is to watch over the development of children's mouths and to attend to early deviations from the normal before they become too advanced. In this way, it should eventually be possible for every child to leave school with a healthy functional mouth and the knowledge of how to look after it.

This is not achieved by frequent extraction of aching teeth, but by regular dental inspections throughout the child's school life (preferably 6 monthly) and the giving of the appropriate treatment when required. Table I. shows the contrast between Guns Village School, which had been regularly inspected and treated, and Lyng which had its first inspection for about five years. It may be seen that four times the number of children's mouths are sound in Guns Village than in Lyng. Also the acceptance rate is higher, indicating an appreciation of the value of the dental care when it has been established.

TABLE I.

	No. Inspected	No. Sound	% Sound	No. Referred	No. Accepting	% Accepting
Guns Village School	451	128	28·4	319	200	62·7
Lyng Junior	352	25	7·1	293	119	40·6

It is, however, evident that if only 28.4% are sound after the lapse of one year, ideally it would be better to inspect schools even more regularly, e.g., at intervals of six months, but in any case certainly not less frequently than once a year.

The extent to which we have failed is indicated by the fact that we have only inspected 4,665 children at school out of approximately 15,000. This represents only eleven schools in the borough, and the remaining children are only given treatment if they request it; this is usually for the extraction of aching teeth.

Our principal task is to prevent dental decay from gaining a hold in the mouth; if fillings are inserted in the teeth when the decay has been removed, there is a good chance of preserving the teeth. If some teeth are extracted, there may be irregularity caused in those that remain and also ability to chew may be lessened.

Ideally then we should extract very few teeth; however, as shown in Table II., we still take more out than we fill, and even though 1955 was better than before, there is still very much room for improvement.

There are of course, other spheres of work in dentistry, such as the correction of irregular teeth, and treatment of the gums, which at the moment receive scant attention, owing to the large amount of routine work already described.

Clearly then, there is need for an increased staff of dental officers to help carry out this important work, if anything like a satisfactory service is to be run. It will not be easy to recruit sufficient staff, since there is, throughout the country, a considerable shortage of dental surgeons, both in local authorities and in general practice. However, it is necessary to consider now the ways and means of increasing staff in West Bromwich, and also of making available sufficient premises in which the work may be carried out. To this end we have obtained permission to use the dental surgery at Hallam Hospital for certain sessions and it is hoped that it will be possible to purchase a mobile dental clinic next year.

The advantage of a mobile clinic is that it saves the children from having to travel to the static clinics. In his way the outlying schools may be much better served and the number of appointments not kept, reduced.

I would like to conclude my report by giving my thanks to the medical, nursing and clerical staff of the School Health Service, Dr. L. T. H. Mills, our anaesthetist, the Head Teachers and, of course, my own staff for their great help and co-operation during the year.

TABLE II.

Year	No. of teeth filled	Extractions	Extractions
			Filled
1953	3,640	9,127	0.40
1954	4,947	8,210	0.60
1955	6,768	9,259	0.73

MEDICAL INSPECTION RETURNS

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

A.—PERIODIC MEDICAL INSPECTIONS

Number of inspections in the prescribed groups:

Entrants	...	...	...	...	...	1,348
Second Age Group	...	...	...	...	...	873
Third Age Group	...	...	...	...	...	860
Total						3,081

Number of other Periodic Inspections ... 333

Grand Total 3,414

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	1,602
Number of Re-inspections	...	...	...	...	762
Total					2,364

C.—PUPILS FOUND TO REQUIRE TREATMENT.

NUMBER OF INDIVIDUAL PUPILS FOUND AT PERIODIC MEDICAL INSPECTION TO REQUIRE TREATMENT (excluding Dental Diseases and Infestation with Vermin).

Group (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table IIA. (3)	Total individual pupils (4)
Entrants	3	111	107
Second Age Group	60	62	94
Third Age Group	62	10	65
Total (prescribed groups)	125	183	266
Other Periodic Inspections	4	48	50
Grand Total	129	231	316

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTIONS.

Defect or Disease	Periodic Inspections		Special Inspections	
	No. of Defects		No. of Defects	
	Requiring Treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
(1)	(2)	(3)	(4)	(5)
Skin	15	6	131	1
Eyes—(a) Vision	129	24	73	8
(b) Squint	25	3	5	—
(c) Other	9	3	53	3
Ears—(a) Hearing	5	5	2	9
(b) Otitis Media	8	17	21	2
(c) Other	2	—	26	3
Nose or Throat	56	115	42	50
Speech	10	14	6	—
Cervical Glands	1	4	—	—
Heart and Circulation	4	12	2	4
Lungs	6	47	6	17
Developmental—				
(a) Hernia	4	1	—	—
(b) Other	7	3	—	—
Orthopaedic—				
(a) Posture	2	9	1	—
(b) Flat Foot	37	2	2	1
(c) Other	18	15	6	6
Nervous System	1	1	—	—
(a) Epilepsy				
(b) Other	—	6	1	—
Psychological—	4	7	—	2
(a) Development				
(b) Stability	1	6	—	—
Other	16	17	531	142

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN AGE GROUPS.

Age Groups	Number of Pupils Inspected	A. Good		B. Fair		C. Poor	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	1,348	317	23·5	1,027	76·2	4	0·3
Second Age Group	873	370	42·6	499	57·1	4	0·3
Third Age Group	860	401	46·5	457	53·1	2	0·4
Other Periodic Inspections	333	85	25·5	248	74·5	—	—
Total	3,414	1,173	34·3	2,231	65·3	10	0·3

TABLE III.
INFESTATION WITH VERMIN

(i)	Total number of examinations in the schools by the school nurses or other authorised persons	28,594
(ii)	Total number of <i>individual</i> pupils found to be infested	1,158
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	7
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—

TABLE IV.
TREATMENT OF PUPILS ATTENDING MAINTAINED AND SECONDARY SCHOOLS
(INCLUDING SPECIAL SCHOOLS)
GROUP 1.—DISEASES OF THE SKIN (excluding uncleanliness, for which see Table III.).

	Number of cases treated or under treatment during the year	
	By the Authority	Otherwise
Ringworm—(i) Scalp	—	Not available
(ii) Body	—	” ”
Scabies	2	” ”
Impetigo	158	” ”
Other skin diseases	60	” ”
Total ...	220	—

GROUP 2—EYE DISEASES, DEFECTIVE VISION & SQUINT.

	Number of cases dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	244	—
Errors of refraction (including squint)	577	42
Total ...	821	42
Number of pupils for whom spectacles were		
(a) Prescribed	456	13
(b) Obtained	327	13

GROUP 3.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases treated	
	By the Authority	Otherwise
Received operative treatment		
(a) for diseases of the ear	—	2
(b) For adenoids and chronic tonsillitis	—	195
(c) for other nose and throat conditions ...	—	5
Received other forms of treatment	—	98
Total ...	—	300

GROUP 4.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals ...	37	—
	By the Authority	Otherwise
(b) Number treated otherwise, e.g., in clinics or out-patient departments	10	—

GROUP 5.—CHILD GUIDANCE TREATMENT.

	Number of cases treated	
	In the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics ...	263	—

GROUP 6.—SPEECH THERAPY.

	Number of cases treated	
	By the Authority	Otherwise
Number of pupils treated by Speech Therapists	120	—

GROUP 7.—OTHER TREATMENT GIVEN.

	Number of cases treated	
	By the Authority	Otherwise
(a) Miscellaneous minor ailments	1,428	Not available
(b) Other than (a) above (specify)		
1	—	” ”
2	—	” ”
3	—	” ”
4	—	” ”
5	—	” ”
Total	1,428	—

TABLE V.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

Number of pupils inspected by the Authority's Dental Officers:

(a) Periodic	...	...	...	...	...	4,665
(b) Specials	...	...	...	...	...	3,058
Total						<hr/> 7,723 <hr/>
Number found to require treatment	...	...	...	...	...	6,579
Number referred for treatment	...	...	...	...	...	6,674
Number actually treated	...	...	...	...	...	4,578
Attendances made by pupils for treatment	...	...	...	...	...	9,263
Half-days devoted to: Inspection	...	...	...	...	...	20
Treatment	...	...	...	...	...	1,078
Total						<hr/> 1,098 <hr/>
Fillings: Permanent Teeth	...	...	...	...	...	6,200
Temporary Teeth	...	...	...	...	...	111
Total						<hr/> 6,311 <hr/>
Number of teeth filled: Permanent Teeth	...	...	...	...	...	5,361
Temporary Teeth	...	...	...	...	...	107
Total						<hr/> 5,468 <hr/>
Extractions: Permanent Teeth	...	...	...	...	...	2,410
Temporary Teeth	...	...	...	...	...	6,845
Total						<hr/> 9,255 <hr/>
Administration of general anaesthetics for extraction	...	...	...	...	...	3,276
Other operations: Permanent Teeth	...	...	...	...	...	1,618
Temporary Teeth	...	...	...	...	...	174
Total						<hr/> 1,792 <hr/>

